

# Form G – STATEMENT OF BAR ADMISSION AUTHORITY

To be completed by the bar admission authority.

► **NOTICE TO APPLICANT:** This form is to be completed by the proper bar admission authority where you were previously granted testing modifications. Please read the form in its entirety, complete and sign it and **have it sworn to before a notary public before submitting the form to such authority:**

Applicant's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SSN: XXX-XX- \_\_\_\_\_

I hereby authorize the release of the information requested on this form, and I request that all such additional items supporting my disability be attached to this form and returned to me for submission to the Virginia Board of Bar Examiners.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date Signed

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

My Commission expires \_\_\_\_\_, 20 \_\_\_\_\_.

(SEAL)

\_\_\_\_\_  
Signature of Notary

\_\_\_\_\_  
Registration Number (if applicable)

IN REGARDS TO THE PETITION OF \_\_\_\_\_ (*Petitioner*)

I, \_\_\_\_\_, as \_\_\_\_\_ (*Title*)

state that my position at \_\_\_\_\_ (*Name of Bar Admission Authority*)

is such that it is my responsibility to monitor and authorize bar exam testing modifications requested by disabled applicants for the specific purpose of facilitating their participation as examinees. The petitioner, who took the \_\_\_\_\_ bar examination(s) \_\_\_\_\_ was \_\_\_\_\_ was not granted testing modifications.

If Petitioner was granted accommodations, outline below all accommodations granted.

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Was the accommodation information provided by the applicant reviewed by an independent expert? \_\_\_\_ Yes \_\_\_\_ No

If "yes," attach a copy of the expert's report.

Disability Claimed: \_\_\_\_\_

If the Petitioner was granted additional testing time, enter the *extra time actually used per three hour testing session* in the space provided below.

Essay (AM Session) \_\_\_\_\_

MBE (AM Session) \_\_\_\_\_

Essay (PM Session) \_\_\_\_\_

MBE (PM Session) \_\_\_\_\_

Executed on \_\_\_\_\_ by \_\_\_\_\_

(Date)

(Official's Signature)